



## Study To Investigate Minor Surgical Procedures In Outpatient Care, Reducing Elective Surgery Waiting Load In Covid Times

<sup>1</sup>Samia Mohan, <sup>2</sup>Akshat Sudhanshu , <sup>3</sup>Priyanka Sharma,

<sup>1,2</sup>Assistant Professor, <sup>3</sup>MD Microbiology.

<sup>1,2</sup>Department of General Surgery,

Acharya Shri Chander College of Medical Sciences and hospital, Jammu

**\*Corresponding Author:**

**Samia Mohan**

Assistant Professor Department of Surgery, Acharya Shri Chander College Of  
Medical Sciences And Hospital Jammu

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### Abstract

**Background:** In today's times when the scarce health resources and looming covid pandemic is putting a heavy burden over the patients as well as hospital staff, minor surgical procedures help to ease this burden by providing quicker surgical treatment, without need for waiting and hospital stay.

### Aims:

This study aims to determine the number of minor surgical procedures performed in our surgery department, the outcome and complications of these cases.

Materials and methods:

All these procedures were performed in the outpatient department, in the minor operation theater of our department.

Total 130 cases were performed in 2022 over a period of 12 months, out of which 92 were males and 38 were females.

The age group ranged from 21 years to 70 years.

Informed consent was obtained from all the patients and risks and complications explained.

All the procedures were performed under local anaesthesia.

The anaesthesia used was 2% lignocaine, which was used after sensitivity test .

Postoperatively, the patients were put on antibiotics for 5 days and asked to follow up after 7 to 10 days.

### Result:

The total number of procedures done were 130, in a period of 12 months in 2022. There were 92 males and 38 females .

The most common procedure done was sebaceous cyst excision. It accounted for 88.4% of all cases, followed by lipoma excision in 27.3%. Aspiration of pus and ingrown toenail removal was done in 19.5%.

Keloids were removed in 9% and corn excision in 5.2%.

There were no postoperative complications.

**Conclusion:** Minor procedures performed under local anaesthesia reduce risk of nosocomial infections, as there is no need for hospital stay.

Performing these procedures in outpatient department reduces the workload of the hospital as well as the health cost the patient endures.

This practice is helpful for better Healthcare, especially in covid era where these minor procedures are being delayed as elective surgery is not being prioritized.

**Keywords:** NIL

**Introduction**

Minor surgical procedures refers to all surgical procedures requiring minimal anaesthesia ,usually local anaesthesia. The procedures are generally performed on lesions localised to the skin and subcutaneous tissue.

Examples of such procedures include removal of lipomas, removal of sebaceous cyst’s, toenail excision, suturing of clean lacerated wounds, aspiration of us, keloid excision and corn excision .These procedures are generally performed in the outpatient department so and patient does not need to undergo admission and stay in the hospital. The advantage of doing these procedures as minor surgical procedures in the outpatient department are lesser health costs to the patient, no need of hospital stay thereby lesser incidents of nozomul infections, and lesser workload for the hospital staff as well.

Minor surgery is defined as those procedures which have as a common trait the application of surgical techniques, or other minimally-invasive procedures

of a short duration, which are carried out through the superficial and/or approachable tissues. These techniques normally require a local anaesthetic and have few risks and complications.<sup>1,2</sup>

**Material And Methods:**

In this study,we have taken into account all the minor surgical procedures performed in our surgical outpatient department from January 1<sup>st</sup> to December 31<sup>st</sup> 2022.

Total number of patients operated were 130,out of which 92 were males and 38 were females.

The age group ranged from 21 years to 70 years.

The majority cases were excision of sebaceous cyst,followed by lipoma excision, followed by ingrown toenail excision, followed by corn excision.

Sebaceous cyst Excision accounted for 88.4%of cases,27.3% were lipomas,ingrown toenail excision and pus aspiration were 19.5%, keloid excision done in 9% and corn excision in 5.2%.

**Table 1:Age wise data**

AGE in years	Female	Male	Total
21-30	15	33	48
31-40	10	27	37
41-50	10	21	31
51-60	3	8	11
61-70	0	3	3
	Total=38	Total=92	Total=130

**Table 2:Data based on procedures performed.**

Procedure	Female	Male	Total
Excision of sebaceous cyst	23	45	68

Excision of lipoma	4	17	21
Pus aspiration	6	9	15
Corn excision	1	3	4
Ingrown toenail excision	2	13	15
Keloid excision	2	5	7

Informed consent was obtained in all cases, without exception, after explaining all risks and complications. The procedures were performed under local anaesthesia, using lignocaine after sensitivity testing. The part involved was painted using 10% povidone iodine and draped with sterile sheets. Under all aseptic precautions, the procedures were performed and dressing done. In cases of cysts and lipoma, histopathology examination was sent. Postprocedure, patients were put on antibiotics for 5 days and analgesics. Sutures were removed on 7<sup>th</sup> day in cases with procedures done on scalp and abdomen and 10<sup>th</sup> day on back. Patients were followed up on 7<sup>th</sup> or 10<sup>th</sup> day. There were no major complications. Minor complications included superficial Wound infection, crusting and minor bleed.

**Table 3: Sebaceous cyst Excision**

Age	Female	Male	Total
21-30	10	13	23
31-40	5	19	24
41-50	6	9	14
51-60	2	3	5
61-70	0	2	2
	Total=23	Total=45	Total=68

**Table 4: Lipoma excision**

Age	Female	Male	Total
21-30	1	5	6
31-40	0	4	4
41-50	3	5	8

51-60	0	3	3
61-70	0	0	0
	Total=4	Total=17	Total=21

**Table 5:Pus aspiration**

Age	Female	Male	Total
21-30	2	2	4
31-40	2	2	4
41-50	1	2	3
51-60	1	2	3
61-70	0	1	1
	Total=6	Total=9	Total=15

**Table 6:Ingrown toenail excision**

Age	Female	Male	Total
21-30	2	9	11
31-40	0	1	1
41-50	0	3	3
51-60	0	0	0
61-70	0	0	0
	Total=2	Total=13	Total=15

**Table 7:Keloid excision**

Age	Female	Male	Total
21-30	0	4	4
31-40	2	0	2
41-50	0	1	1
51-60	0	0	0
61-70	0	0	0
	Total=2	Total=5	Total=7

**Table 8:Corn excision**

Age	Female	Male	Total
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21-30	0	1	1
31-40	1	1	2
41-50	0	1	1
51-60	0	0	0
61-70	0	0	0
	Total=1	Total=3	Total=4

**Discussion:**

Nowadays the increasing burden of patients in the hospital put major load and increased expenses for the patient as well as increased workload and lesser availability of beds in the hospitals.

In developing and underdeveloped countries, these minor procedures are done regularly in the outpatient department.

In this study, we provide a detail of the minor surgical procedures done in our hospital in the surgery OPD over a year i.e. in 2022.

Day-care surgical procedures were advanced in the late 1960s with the development of ambulatory surgery units (4).

There were no major complications, defined as events that pose risk to life or limb (5) in any of the procedures.

Use of regional or local anesthesia techniques can limit adverse events and improve patient outcomes in surgery (3),(6).

As under the Sláintecare Act (7,8), these procedures done under local anaesthesia would help with the fallout of cancellations of elective and minor surgical appointments following the COVID-19 pandemic (7,9).

Trained Surgeons can perform these procedures taking care of proper sterilization under local anaesthesia.

This is proving very helpful for the patients especially in developing countries.

**Conclusion:**

Minor procedures under local anaesthesia provide easier, faster and cheaper health care for patients.

This reduces patient’s expenditure as well as hospital workload.

With the covid pandemic cases rising again leading to lag in elective procedures, this practice is good and our study has found it to be convenient.

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